

**DOCUMENTATION OF RECIPIENT CHOICE
BETWEEN INSTITUTIONAL CARE OR HOME AND COMMUNITY-BASED
SERVICES**

Recipient Name: _____

The following has been presented and discussed with the recipient and, if applicable, the parent, legal guardian or authorized representative (*please check*):

- ☐ The findings and results of the recipient's evaluations and stated needs;
- ☐ All MR Waiver services, including Consumer-Directed services;
- ☐ The MR Day Support Waiver;
- ☐ Plans for providing services to meet the recipient's needs;
- ☐ A choice between institutional care and Waiver services. Name the institutional care discussed: _____
- ☐ Information that the recipient may be placed on the Waiting List for both ICF-MR and MR Waiver/DS Waiver services;
- ☐ Information that the recipient may be placed on the Statewide MR Waiver Waiting List and receive services in an ICF-MR at the same time;
- ☐ The recipient's right to a fair hearing and the appeal process.

The recipient and, if applicable, the parent, legal guardian or authorized representative, has:

_____ selected MR Waiver services (may require placement on the waiting list); AND/OR

_____ selected the MR Day Support Waiver (may require placement on the waiting list); OR

_____ selected ICF-MR services (may require placement on the waiting list); OR

_____ selected to be served in an ICF-MR or placed on an ICF-MR waiting list and be placed on the Statewide MR Waiver Waiting List at the same time.

Signature of Individual/Legal Guardian

Date

Signature of Authorized Representative

Date

Signature of Case Manager

Date